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## BIB DATA SHEET

CONFIRMATION NO. 1396

<b>SERIAL NUMBER</b> 10/658,089	<b>FILING or 371(c) DATE</b> 09/09/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 10002-701.409	
<b>APPLICANTS</b> Mark A. Reiley, Piedmont, CA; <b>** CONTINUING DATA *****</b> This application is a DIV of 10/615,727 07/09/2003 which is a DIV of 09/693,272 10/20/2000 PAT 6,610,091 which claims benefit of 60/160,891 10/22/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/01/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /CHRISTOPHER D PRONE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance /CDP/ Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 17	<b>TOTAL CLAIMS</b> 53	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> GMEDELAWARE 2 LLC 2560 General Armistead Avenue Audubon, PA 19403 UNITED STATES					
<b>TITLE</b> Facet arthroplasty devices and methods					
<b>FILING FEE RECEIVED</b> 672	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		